

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559962

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED AFTER
1ST AMENDMENT AFTER
2ND AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						

TOTAL IND.

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TOTAL DEP.

↑ ↑ ↑

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TOTAL CLAIMS

16

	AS FILED	AFTER 1 ST AMENDMENT	AFTER 2 ND AMENDMENT
51			
52			
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54			
55			
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98			
99			
100			

TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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